



Shasta Rowing Association



PERSONAL INFORMATION FORM

ATHLETE INFORMATION

Athlete's Last Name: _____ First Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Athlete Email Address: _____
Athlete Cell Phone: _____ Birthdate: _____ Age: _____
Gender: _____ T-Shirt Size: _____ Height: _____ Weight: _____ Shoe Size: _____
School: _____ Year in School: _____ GPA: _____
Future College Plans: _____
USRowing #: _____ Expiration Date: _____

PARENT/GUARDIAN INFORMATION

Parent #1 Last Name: _____ First Name: _____
Street Address: _____ City: _____ Zip: _____
Parent #1 Email Address: _____
Parent #1 Phones Cell: _____ Home: _____ Work: _____
Relationship to Athlete: _____

Parent #2 Last Name: _____ First Name: _____
Street Address: _____ City: _____ Zip: _____
Parent #2 Email Address: _____
Parent #2 Phones Cell: _____ Home: _____ Work: _____
Relationship to Athlete: _____



Shasta Rowing Association



CODE OF CONDUCT

The following items apply to all Shasta Rowing Association Athletes during Shasta Rowing Association events, practices, races, functions, etc. Failure to comply with any of these guidelines may result in suspension or expulsion from Shasta Rowing Association.

- Respect the aquatic center facilities and keep it clean (*please pick up after yourself, i.e. water bottles, socks and misc. clothing. All items left will be put in lost and found. Lost & found will be cleaned out monthly and all items donated to Goodwill.*)
- Be respectful to other teammates and opponents
- Represent your team with pride at all times
- Consumption of alcohol is prohibited
- Use of any illegal substances (drugs) will result in expulsion
- No swearing or inappropriate gestures
- Disrespect to the coaching or volunteering staff will not be tolerated
- Abide by all posted National Park signage
- Mind all staff and their instructions
- Physical assault of any type is prohibited
- Respect others personal property
- Theft is prohibited
- Weapons or firearms are not allowed
- "Horse play" in parking lot or in/on vehicles is prohibited
- Abuse of equipment will not be tolerated
- Report all broken equipment to coaching staff ASAP
- Abide by all National Park Service Rules and Regulations
- Athletes only have use of the facility during scheduled practice times
- If witness to any other athletes in violation of these guidelines, please report it to a coach ASAP.
(Anonymously if desired)
- All Fees/Paper work must be turned in before athlete will be allowed to participate.

I _____ hereby understand the terms explained above and by signing this form I will abide by this code of conduct.

Signature _____ Date _____
(Athlete)

Signature _____ Date _____
(Guardian if Athlete is under 18)



Shasta Rowing Association



Contract, Indemnification, Release and Waiver

Shasta Rowing Association includes physically and emotionally demanding activities. We want to make sure you understand the risk of injury before you decide to participate. It is required that you read the following **Legal Document**, very carefully, make sure you understand it, fill in all the spaces, and sign it before you, or your child begin our program. **No person or child will be allowed to participate without the properly filled out waiver and medical release forms.**

**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING BELOW.
THIS AGREEMENT INCLUDES A RELEASE OF CLAIMS.**

I am aware in signing this statement for participation in the **Shasta Rowing Association Rowing Programs** that certain elements are physically and emotionally demanding. This program may include swimming, running, plyometric jumping, dry land rowing (erging), rowing, weight lifting, and other rigorous activities on the water or on the land. My child will be working with Shasta Rowing Association Instructors and with others in their group. It is possible that he/she may be injured while participating in the rowing program either because of their own conduct, conduct of others in the group, conduct of Shasta Rowing Association instructor, or the condition of the premises.

Therefore, I voluntarily elect to allow my child to participate and I affirm that he/she free of health conditions that might create undue risk to my child or others that depend on them. My child is not under a physicians care for any undisclosed condition that bears upon his/her fitness to participate.

I agree to indemnify and hold harmless Shasta Rowing Association, their agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from participation in the rowing programs. I further agree to release, acquit and covenant not to sue Shasta Rowing Association, for all actions, causes of action claims or damages, damages in law or remedies in equity of whatever kind.

I agree to the site of any lawsuit and the law governing any such lawsuit shall be California and governed by California law. As liquidated damages, I hereby agree that if Shasta Rowing Association is forced to defend any action, lawsuit or litigation by myself, my executors, and my heirs or on my families behalf, my heirs or executors and I agree to pay Shasta Rowing Association costs and attorney fees if they successfully defend such action, lawsuit or litigation. In signing this document for my minor child I agree to pay any and all cost and attorney fees incurred by Shasta Rowing Association in the event that the Shasta Rowing Association is forced to defend any action, lawsuit, or litigation brought by my minor child.

The terms of this agreement shall continue and be in effect after the rowing program is over. Should any paragraph or part of this agreement be declared unenforceable by a court of competent jurisdiction the remaining paragraphs or parts shall remain in full force and effect.

I authorize and release to Shasta Rowing Association the use for any purpose of any photographic or video recorded image of the participant listed below.

I have adequate health, disability and life insurance for myself, and my family.

I hereby give permission for transportation to any medical facility or hospital, and I authorize for any qualified instructor or medical personnel to render necessary emergency medical care for the participant listed below.

I, _____, of my own free will, for my family, my minor children, my heirs and executors and myself, have read, understand and acknowledge the risks and liability for myself and my family this _____ day(s) of _____ (month) 201____.

Participant (print name)

Guardian (print name)

Participant Signature

Date

Guardian Signature

Date

(Parent or legal guardian must sign for all persons under 18 years of age. Proof of age may be required)



Shasta Rowing Association



PHOTOGRAPHIC, VISUAL, AUDIO, IMAGE RELEASE

This agreement is given in consideration of my own or my child's photograph, image and or audio of said personal likeness being taken and possibly published on Internet Websites, Broadcasts, and other publications as released to or by Shasta Rowing Association.

WARNING AND ASSUMPTION OF RISK:

I understand that there are inherent risks associated with publication of my own or my child's photograph, audio and image of personal likeness on the Internet, in videos and in publications. These risks may include but not be limited to identity theft and wrongful assumption by others of my or my child's identity or who I or my child is and or danger to myself or my child.

I agree to assume these risks, whether known or unknown to me of permitting publication of my own or my child's photograph, image of personal likeness and or personal audio on the internet, in publications or in videos.

GRANT OF PERMISSION TO TAKE PHOTOGRAPHS, IMAGES AND PERSONAL AUDIO:

I grant permission to the Shasta Rowing Association and their employees and agents to take and use photographs, and visual/audio images of myself or my child for any legal purpose. Visual/audio images include any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. I grant this with the understanding that Shasta Rowing Association will not materially alter the original images. In accordance with this grant, I also waive my and my child's rights to inspect or approve finished images or electronic matter prior to publication and waive compensation for their use.

RELEASE:

On behalf of myself, my child and our heirs, I hereby waive, release and discharge any and all claims of damages for death, bodily injury, personal injury or property damage which I or my child may sustain, or which hereafter accrue to me or my child, against the Trustees of the Shasta Rowing Association as a result of my own or their own personal photograph(s), image of personal likeness or personal video/audio being published except for those liabilities, claims and costs arising from the sole active negligence of the above stated entities. This release is intended to discharge the Shasta Rowing Association and their officers, employees, and volunteers, from and against any and all liability arising out of or connected in any way with publication of my own or my child's photograph(s), images of personal likeness, or personal video/audio, except for the related sole active negligence of these entities. It is further understood and agreed that this waiver, release and assumption of risk is entered upon behalf of my child and myself and shall be binding on my and their heirs and assigns.

ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have been fully informed of the risks and dangers involved in photographic publication of my own or my child's photograph, images of my/their personal likeness and video/audio.

I acknowledge that I have read, agree, and fully understand the above Warning, Waiver, Assumption of Risk and Release of Liability.

Athlete Name (print name)

Guardian (print name)

Athlete Signature

Date

Guardian Signature

Date



Shasta Rowing Association



MEDICAL CONSENT FORM

Dear Parent/Guardian

Your son/daughter is below the legal age of consent (18 years of age). The law requires that we have your permission to give medical service should the need rise. Your signature on the consent form will authorize us to proceed with the care of the lesser types of medical problems which may occur. In the event of any major health problems, we will notify you as promptly as possible and follow your instructions. If we are unable to contact you or your alternative listed below your child will be taken to the nearest emergency room facility.

Athlete's Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Parent Last Name: _____ First Name: _____ Cell: _____

Parent Last Name: _____ First Name: _____ Cell: _____

**IN CASE OF AN EMERGENCY,
PERSON TO CONTACT IF PARENTS OR GUARDIAN CAN NOT BE REACHED**

NAME: _____ HOME PHONE: _____

RELATIONSHIP: _____ WORK PHONE: _____

NAME: _____ HOME PHONE: _____

RELATIONSHIP: _____ WORK PHONE: _____

Does your child have any severe medical problems that we should know about? (For example: asthma, allergies to drugs, heart trouble, epilepsy, diabetes, physical disability etc?) Please specify.

Should there be any limits on his or her physical activity? If so what are they?

Has your child had any serious illness/injury in the last three years? If yes, please explain:



Shasta Rowing Association



(Medical Consent Form continued.)

At the present time, is your son/daughter under doctor's care? If yes, for what?

Is your child taking any medications or behavioral drugs at this time? _____

If yes, please explain: _____

Can we contact your doctor for medical reports? Yes No

Doctor: _____ Phone: _____ Hospital: _____

When was the last time your son or daughter had a complete physical examination?

Date: _____ Doctor: _____ Phone: _____

MEDICAL INSURANCE INFORMATION

Name of the Insurance Company: _____

Insurance Company Phone #: _____

Patient Record Number: _____

Policy Number: _____

Billing Information: _____

Please list any other information of importance.

I do hereby authorize the performance of medical examinations and necessary treatments (including test, x-rays, drugs, etc...) as may be deemed advisable or necessary by the physician in attendance.

This consent shall be in effect for the period of time that my son or daughter participates in Shasta Rowing Association sponsored activities. If an emergency arises requiring a major surgical procedure, the program director will attempt to reach me and be guided by my wishes; if I cannot be reached, I authorize the attending physician to act as medical judgment may dictate.

Parent's/Guardian's signature: _____

Date of Consent: _____



Shasta Rowing Association



Student-Athlete Social Media Agreement

Social media can be a useful tool to communicate with teammates, fans, friends, coaches, and more. Social media can also be dangerous if you are not careful. Every picture, link, quote, tweet, status, or post that you or your friends put online is forever part of your digital footprint. You never know when it will come back to hurt or help your reputation during the recruiting process, a new job, or other important areas of your life.

Recognizing the above (initial at each location):

_____ I take responsibility for my online profile, including posts and any photos, videos or other recordings posted by others in which I appear.

_____ I will represent Shasta Rowing Association in a positive manner at all times and not degrade my opponents before, during, or after races or during the season.

_____ I will post only positive things about my teammates, coaches, opponents and officials and not comment on injuries, rosters, or other confidential information.

_____ I will use social media to purposefully promote abilities, team, community, and social values.

_____ I will consider "Is this the me I want you to see?" before I post anything online.

_____ I will ignore any negative comment about my team or me and will not retaliate. When appropriate I will inform my coaches.

_____ If I see a teammate post something potentially negative online, I will have a conversation with that teammate. If I do not feel comfortable doing so, I will talk to the team captain or a coach.

_____ I am aware that I represent my sport, school, team, family, and community at all times, and will do so in a positive manner.

Student-Athlete Signature

Date



Shasta Rowing Association



Parent Chaperones

Thank you for your interest in being a chaperone. The role of a chaperone is an important one, and while enjoyable, requires accepting certain responsibilities. These guidelines help ensure that Shasta Rowing Association trips result in safe and rewarding experiences for all participants. The Association also requires that a chaperone be at least 21 years of age.

Guidelines for Chaperones

1. Please leave other children at home. The athletes assigned to your group will need your full attention during the entire trip.
2. Familiarize yourself with the general instructions given to the athletes prior to the trip and enforce these instructions throughout the trip.
3. Coaches reserve the right to assign and/or reassign students to groups.
4. The athletes in your assigned group are your responsibility. Know exactly how many athletes are in your group and learn their names and faces. Be sure that all are present before moving from one place to another.
5. Always be safety conscious. You are responsible for the continuous monitoring of your group's activities.
6. Be on time for designated meeting places and departure.
7. Shasta Rowing Association policies apply to sponsored, off-site activities. As a volunteer chaperone you:
 - a. Must abide by the Shasta Rowing Association's Code of Conduct
 - b. May not administer medications to athlete (unless with written permission from the athlete's guardian)
8. Keep your assigned group of students with you throughout the trip. Always know where your athletes are, and what they are doing.
9. You have the authority to enforce the rules and appropriate behavior. The responsibilities for assigning consequences rest with the coaching staff. Report any major and/or continued infractions to the coach as soon as possible.
10. For the protection of both students and chaperones, do not place yourself in situations in which you are alone with an athlete.
11. Sensitive information you may learn about a student's abilities, relationships, or background must be kept confidential.

If you have questions about any aspect of the trip or the expectations of chaperones, please ask for assistance from the coaching staff. We hope you enjoy your trip experience.

I have read, understand, and agree to comply with the guidelines if I am selected to be a trip chaperone.

Signature

Printed Name

Date